PTO/SB/06 (08-03) Approved for use through 7/31/2006, QMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application optication or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Cotumn 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE (37 CFR 1.16(a)) RATE FEE RATE FEE TOTAL CLAIMS OR (37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) minus 3 = X S OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Cotumn 3) OTHER THAN SMALL ENTITY OR CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT AFTER PREVIOUSLY **EXTRA** ADDL AMENDMENT TIONAL PAID FOR TIONAL Total (37 CFR 1.16(cj) 3 AMENDM Minus FEE 29 FEE Independent (37 CFR 1.16(b)) OR Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR 1-26-05 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Calumn 3) CLAIMS œ HIGHEST REMAINING ENT NUMBER PRESENT RATE AFTER PREVIOUSLY ADDI-RATE EXTRA ADDL AMENDMENT TIONAL PAID FOR TIONAL Total (37 CFR 1.16(c)) AMENDM FEE 29 Minus FEE Independent (37 CFR 1.16(b)) x 3 50. Minus OR x 200 . ΩR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 360. OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) CLAIMS HIGHEST NUMBER REMAINING PRESENT RATE AFTER ADDI PREVIOUSLY RATE **EXTRA** ADDI-面 **AMENDMENT** TIONAL PAID FOR TIONAL Total (37 CFR 1,16(ct) ENDM FEE Minus FEE X S OR X S Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL

ADD'L FEE OR ADD'L FEE

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS